## NEW CASTLE COUNTY DEPARTMENT OF LAND USE

## SLD-1 Form (Application for Plan Review)

Level of	of Plan Submission	<u>Plan</u>	<u>Type</u>		Date Rec'd.
() () () () () ()	Exploratory Sketch Plan Preliminary Plan Check Print Record Plan Revised Plan Other:  Engineering Section Submission Only	() () () () () () ()	Major Land Develop Minor Land Develop Resubdivision Site Utility Parking  Sanitary Sewer Grading / E&S / Sto Floodplain	ment	App. NoAssigned PlannerAssigned Engineer
1)	Name of Plan	()	General Permit		
	Former Plan Name or Alias	_			
	Tax Parcel Number(s)	_			
2)	Name of Legal Property Own If legal owner is a business entity,	er(s) name of	responsible employee acti	ng for the b	usiness . Phone #
	Address	-			
3)	Name of Applicant  If applicant is a business entity, na	me of re	esponsible employee acting	for the bus	Phone #
	Address	-			
4)	Firm or Person Responsible f	or the	Preparation of the Pla	n (Engine	er/Surveyor):
	Name and Title	-			
	Firm	-			
	Address				
	Telephone	-			
	FAX				
	Email				
5)	Existing Zoning		Proposed Zoning C	hanges (i	f applicable)
6)	Also submitted are the follow	ing app	olicable fees as indica	ted: (See	Appendix 2 for Details)
	Exploratory Sketch Plan S  () Planning Land Devel Review and Processi Amount of Check \$_  () Engineering Review Amount of Check \$_  Preliminary Plan Subr  () Planning Land Devel Review and Processi Amount of Check \$_  () Engineering Review Amount of Check \$_	opmer ing Fee and Pr missior opmer ing Fee and Pr	ocessing Fee  at &/or Rezoning cocessing Fee  at &/or Rezoning cocessing Fee	() Pla An () Pla Re An () En () Re An () De	I Plan Submission anning Check Print Filing Fee mount of Check \$ anning Land Development &/or Rezoning eview and Processing Fee mount of Check \$ gineering Review and Processing Fee mount of Check \$ ecorder of Deeds Fee mount of Check \$ elaware Document Account Fee mount of Check \$

')	Other Rems. (Gee Appendix 1 for Details)						

Other Items: (See Appendix 1 for Details)

8) It is required that the applicant notify the Federal Aviation Administration on their Form 7460-1, available at the New Castle County Airport Manager's Office if proposed construction, or crane operation will exceed 200 feet above ground level, or will penetrate a slope of 100:1 outward and upward from the nearest point of the nearest runway for a distance of 20,000 feet. For construction, or crane operations in closer proximity to any other airport or heliport in New Castle County, the obstruction/height criteria may vary. Clarification should be made by contacting the New Castle County Airport Manager's Office.

I certify that, to the best of my knowledge, all information listed above and all information and statements contained in any documents or plans submitted with this application are true, correct, and complete and the legal owner of the land agrees with the filing of this application. I understand that any person who falsifies any information on any application made with the Department shall be subject to criminal proceedings under Title 11 of the Delaware Code.

I certify that I will post an application notice for this Major/Minor Land Development Plan according to New Castle County Code Chapter 40 (UDC) §31.320(F)(2) within 10 days of submission of this completed SLD application.

<u>MANDATORY</u> PLAN SUBMISSION DATA		
() Residential () Non-Residential		
Site Acreage	Signature of Legal Property Owner	
Disturbed Acreage:		
Number of Lots:		Date
Estimated Number of Pumps:	(Print Legal Owner Name)	
Estimated Sanitary Sewer Flow: (GPD)	Signature of Applicant	
Non-Residential Proposed GFA: (If Applicable)		Date
Building Footprint: (if Applicable)	(Print Applicant Name)	
Acreage Paved:	Signature and Seal of Engineer/Surveyor	
Acreage Open:		
Sewer:		Date
Water:	(Print Engineer/Surveyor Name)	
Residential:		
Acreage Open Space:		
Acreage Lots:		
Acreage ROW:		